



People living with HIV in North Carolina Medical Monitoring Project, 2015-2017



What is the Medical Monitoring Project?

The Medical Monitoring Project (MMP) is designed to learn more about the experiences and needs of people with HIV. It is conducted by state and local health departments along with the Centers for Disease Control and Prevention (CDC). Findings are representative of people living with HIV in North Carolina.

North Carolina MMP participants represented NC HIV-infected populations

North Carolina MMP Participants were:

- 70% men, 29% women, and 1% transgender
- 44% self-identified as gay or bisexual
- 62% Black/African American, 8% Hispanic/Latino, 24% White/Caucasian, and 6% other race/ethnicities
- 9% homeless*
- 43% at or below the poverty level*
- 14% experienced major depression (in past two weeks)**
- 12% reported binge drinking (in past 30 days)
- 44% currently smoke cigarettes
- 27% used injection or non-injection drug use*

Our Participants Paid Using*:

- Public insurance only*** (44%), Private insurance (36%), Ryan White/ADAP only (19%)

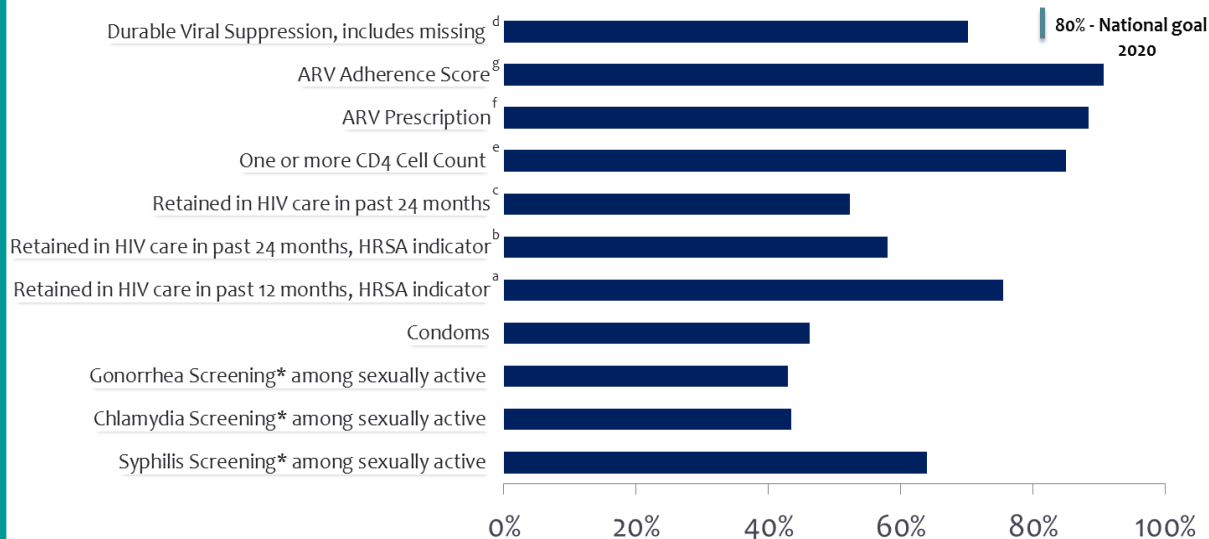
*In the past 12 months

**Based on Patient Health Questionnaire (PHQ-8)

***Excluding Ryan White/ADAP only

Clinical outcomes are good for HIV-infected people in care

Clinical and Prevention Outcomes of Medical Monitoring Project Participants in



^a Retention in care = ANY two of the following in the past 12 months (p12m), at least 90 days apart: An outpatient HIV medical care visit (medical record or self-reported); CD4 or Viral Load test; Resistance test or tropism assay. ^b Retained in HIV care in EACH of the 12 month period during the past 24 months according to HRSA definition (see above). ^c At least 1 outpatient HIV medical care visit in each 6-month period of the 24-month period, a minimum of 60 days between first visit in prior 6-month period and last medical visit in subsequent 6-month period, according to HRSA definition (see above). ^d All viral loads in p12m undetectable or <=200 copies/mL. ^e Recommendations (National and Multiagency HIV Care Quality Measures) – aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf ^f Prescription of antiretrovirals (ARVs) documented in medical records. ^g Single adherence score, average of three self-reported adherence variables (range 0 – 100); based of Ira Wilson's cognitive and field testing paper on adherence scores (DOI 10.1007/s10461-013-0610-1). ^{*} Screening among self-reported sexually active in past 12 months.

Want More Information?

HIV/STD Facts and Figures website:

<https://epi.dph.ncdhhs.gov/cd/stds/figures.html>

Centers for Disease Control and Prevention (CDC) Information on the Medical Monitoring Project:

<https://www.cdc.gov/hiv/statistics/systems/mmp/>

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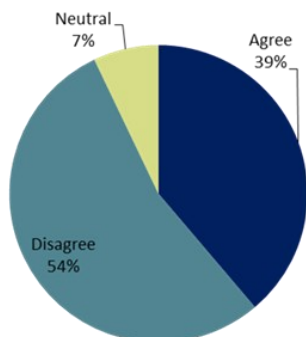
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Created by the HIV/STD/
Hepatitis Surveillance Unit
5/7/2019

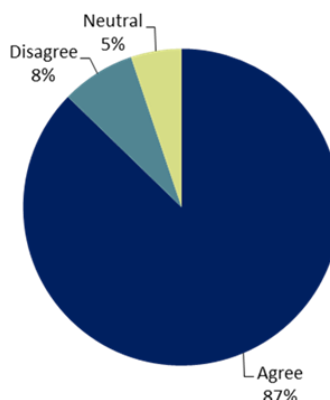
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Effects of stigma among MMP participants

I have been hurt by how people reacted to learning I have HIV



I am very careful who I tell that I have HIV

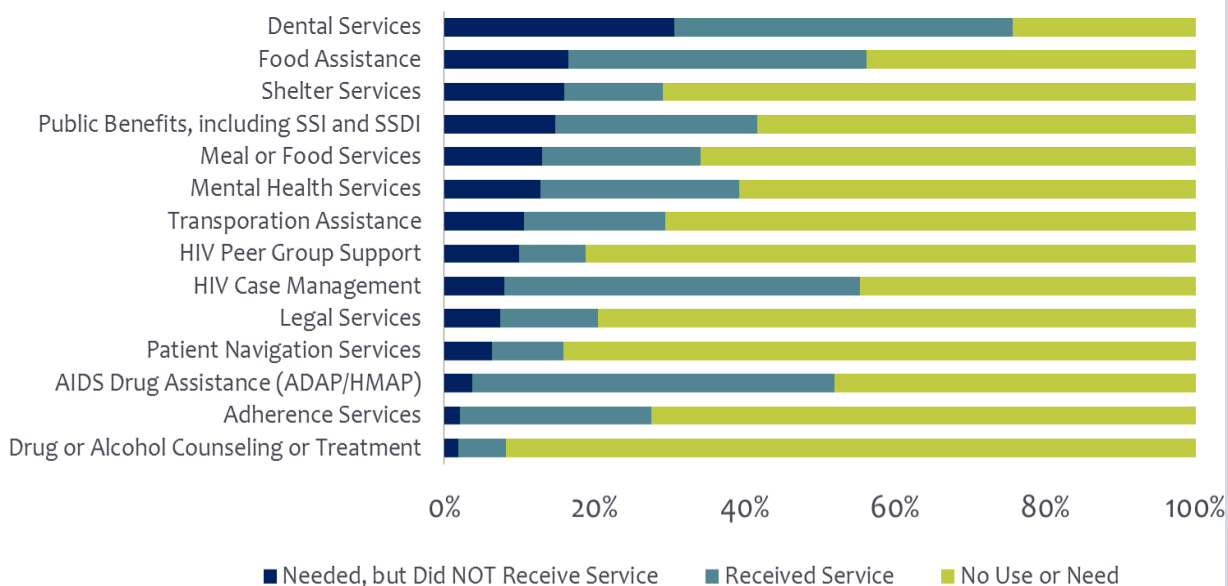


What CLINICIANS can do

Every clinician and clinic should develop a specific plan for patient follow-up and re-engagement to care. Let us know if we can help locate any patient that is lost to care. We have designated staff able to help you in this effort. Treatment is prevention!

Dental Services is the largest unmet need for MMP participants

Met and Unmet Needs for Services for Medical Monitoring Project Participants in North Carolina, 2015-2017



STD Screening Recommendations for HIV-positive people, CDC 2015 STD Treatment Guidelines:
<https://www.cdc.gov/std/tg2015/screening-recommendations.htm>

Data Source: 2015-2017 Weighted North Carolina MMP Data (data as of May 7, 2019).

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Department of Health and Human Services • Mandy Cohen, M.D., MPH, Secretary
Division of Public Health • Beth Lovette, Acting Division Director
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Created by the HIV/STD/ Hepatitis Surveillance Unit 5/7/2019

AIDS Care Program website:
<https://epi.dph.ncdhhs.gov/cd/hiv/program.html>

For information on receiving care services, please refer to the AIDS Care Program website →